

**CITY OF BEAVER DAM**  
**APPLICATION FOR EMPLOYMENT**  
**An Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, pregnancy, childbirth, pregnancy/child birth related medical conditions, age or disability or any other protected class. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

If you need an accommodation to complete the application process, contact City Hall at 270-274-7106.

Answer each question fully and accurately. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Are you seeking Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ employment?

When are you available to start work? \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Phone Number

\_\_\_\_\_  
Present Street Address City State Zip

Have you ever been employed here? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when? \_\_\_\_\_

For jobs requiring use of City-owned vehicles, do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details \_\_\_\_\_

What skills or additional training do you have that are related to the job for which you are applying?

\_\_\_\_\_

What machines or equipment can you operate that are related to the job for which you are applying?

\_\_\_\_\_

## EDUCATION

List Name, City & State of Schools

High School or GED: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

College or University: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

Vocational or Technical: \_\_\_\_\_

Subjects Studied: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_ Diploma/Degree/Certificate: \_\_\_\_\_

## MILITARY RECORD

Branch of U.S. Military Service from (month/year) to (month/year): \_\_\_\_\_

Highest Rank Attained: \_\_\_\_\_

Military Occupation Specialty and/or Major Duties:

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Honors or Awards:

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## WORK HISTORY

List names of employers in consecutive order with present or last employer first. Account for all periods of time including military service and periods of employment. PLEASE GIVE MONTH AND YEAR

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) /To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	

Name of Employee:	Supervisor:
Address:	Employed: From (mo/yr) /To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	

Name of Employer:	Supervisor:
Address:	Employed: From (mo/yr) /To (mo/yr)
City, State, Zip Code:	
Title:	Reason for Leaving:
Duties:	

## REFERENCES

Have you worked or attended school under any other names?    Yes \_\_\_\_\_                      No \_\_\_\_\_

If yes, give names: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## AFFIDAVIT

### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this employment application and additional job-related background investigation as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

**I understand and acknowledge that, unless otherwise defined by law, policies and procedures, or rules and regulations, any employment relationship with the City is of an "at-will" nature, which means that the employer may terminate the employment relationship at any time, with or without cause or advance notice.**

I understand that before beginning employment I must pass a pre-employment drug test and any other applicable testing for the position.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_

*This application for employment will remain active for a period of 6 months.*